urban innovations

445 north wells street, suite 200
chicago, illinois 60654
phone 312 222 0777
fax 312 222 5369

www.urbaninnovations.com

Exhibit A – Property Signage Order Form

Move-in Address: _____

Please provide the exact spelling of your company name for each of the areas below.

Front Door Intercom: _____

_____

Inner Lobby Directory: _____

_____

Office Door Sign: _____

_____

A set of signage is issued at no cost at your initial move-in.

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Exhibit B – Key and Fob Order Form

Date: _____

Company Name: _____

Move-in Address: _____ **Suite #:** _____

Contact Person: _____ **Ph #:** _____

Fob Order (Please list the first and last name of each employee below.)

1 _____	9 _____	17 _____
2 _____	10 _____	18 _____
3 _____	11 _____	19 _____
4 _____	12 _____	20 _____
5 _____	13 _____	21 _____
6 _____	14 _____	22 _____
7 _____	15 _____	23 _____
8 _____	16 _____	24 _____

Key Order (Please indicate the number of keys needed on the lines below.)

Type of Key:

Front Office Door: _____

Internal Office(s): _____

Storage (if applicable): _____

Washrooms: Ladies: 2 Men: 2

(note: if you would like more than 2 washroom keys, there will be a $3 charge per key.)

Keys and fobs are issued at no cost at your initial move-in.

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Exhibit C – Tenant Contact & Emergency Form

Move-in Address: _____

Please provide the first and last name of the appropriate contact for the categories listed below. *If the same person is applicable for more than one of the following categories, please enter their name as many times as necessary.* It is not necessary to repeat phone numbers and e-mail addresses for the same person.

Company Name: _____

Principal: _____ Ph# _____ ext _____

Email: _____

Office Manager: _____ Ph# _____ ext _____

Email: _____

Receptionist: _____ Ph# _____ ext _____

Email: _____

Telecommunication/IT Systems: _____ Ph# _____ ext _____

Email: _____

Alarm Code: _____ Ph# _____ ext _____

Email: _____

Tenant Liability Renewal: _____ Ph#_____ ext _____

Email: _____

Please list three names and telephone numbers of people who can be contacted after hours for emergency situations.

Name: _____ Ph# _____

Name: _____ Ph# _____

Name: _____ Ph# _____

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Exhibit D - Tenant Information Data Form

Tenant Name: _____

Property Address: _____

Company Email Address: _____

Company NAICS Code (on tax return): _____

Tenant Representative responsible for approving expenditures: _____

Daily Contact Person Name: _____ Title: _____

Suite Phone Number: _____ Suite Fax Number: _____

Number of Employees: _____ Number of Handicapped Employees: _____

Hours of Operation, Monday – Friday: _____ Weekends: _____

Description of Business: _____

_____

Years in Business: _____

Observed Holidays: Check the appropriate box

- ☐ New Year's Day
- ☐ MLK's Birthday
- ☐ Presidents Day
- ☐ Good Friday
- ☐ Memorial Day
- ☐ Independence Day
- ☐ Labor Day
- ☐ Thanksgiving Day
- ☐ Day After Thanksgiving
- ☐ Christmas Eve
- ☐ Christmas Day
- ☐ New Year's Eve
- ☐ Other (Explain) _____

Fire Marshall

A fire marshall from your company must be assigned to ensure evacuation of your employees during an emergency or crisis situation. The individual assigned this position must be on-site at least 75% of the time; this would typically be an office administrator or manager.

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

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Billing Information

Rent Statement Address: _____ Contact Person: _____

_____ Title: _____

_____ Phone Number: _____

Tenant's Signature: _____ Date: _____